



City of Imperial Beach, California

ADMINISTRATIVE SERVICES DEPARTMENT

825 Imperial Beach Blvd., Imperial Beach, CA 91932 Tel: (619) 628-1423 Fax: (619) 424-3481
www.ImperialBeachCA.gov

Out of City Address Business License Application

FEES ARE NON-REFUNDABLE

NOTE: ALL APPLICABLE QUESTIONS MUST BE ANSWERED OR APPLICATION WILL BE REJECTED

☐ NEW BUSINESS ☐ CHANGE OF ADDRESS ☐ CHANGE OF OWNERSHIP
☐ CHANGE OF BUSINESS NAME ☐ RENEWAL

1. Business Name: _____ Phone No. _____

2. Business Address: _____ Email: _____

3. Mailing Address: _____

4. Type of business: _____

☐ Contractor ☐ Professional ☐ Broker ☐ Taxi ☐ Mobile Food ☐ Ice Cream Vendor ☐ Massage/HHP

License No. _____ Exp Date: _____ Classification _____

5. FEDERAL I.D./Social Security # **(Required)**. _____ RESALE TAX NO. _____

6. Fictitious Name Statement Filed: ☐ YES ☐ NO

7. Structure of Business: ☐ Corporation ☐ Sole Proprietorship ☐ Partnership ☐ Trust ☐ Limited Liability

8. Number of Employees Working in Imperial Beach: _____

9. Owner Information:

Name: _____ Phone No: _____

Address: _____

10. Emergency Contact: Name _____ Phone No: _____

I HEREBY DECLARE UNDER THE PENALTY OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE STATEMENTS MADE HEREIN ARE CORRECT AND TRUE.

SIGNATURE _____ DATE: _____

FINANCE DEPT. Base Fee: \$ _____ No. of Emp. _____ SB1186 \$4.00 **TOTAL FEE \$** _____

LICENSE # _____ BUS CONTROL # _____



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Application will be rejected and/or Business License revoked if applicable questions are not answered or false information is given. Fees are due and payable upon submission of application. State law requires the reporting of all Business License issued (SB 1146).

USE BELOW AREA FOR ADDITIONAL COMMENTS OR DETAILS ABOUT YOUR BUSINESS

WORKER'S COMPENSATION DECLARATION

I hereby affirm, under penalty of perjury, one of the following declarations:

____ I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.

____ I have and will maintain worker's compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

My worker's compensation insurance carrier and policy number are:

Carrier: _____

Policy Number: _____

____ I certify in the performance of any business activities for which this license is issued I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California, and agree if I should become subject to worker's compensation provision of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Date: _____

Applicant Signature: _____

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000.00 IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

SB1186 NOTICE

As mandated by the State per SB 1186 the City of Imperial Beach is required to collect a new state-imposed \$4.00 fee from all applicants and renewal applicants for a local business license on and after January 1, 2013, and until December 31, 2024. Among other things, funds generated by this fee will be used to promote disability access and related services in the City. Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx. The Department of Rehabilitation at www.rehab.cahwnet.gov. The California Commission on Disability Access at www.cdda.ca.gov

Applicant Initials



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MARINE PROTECTION ORDINANCE DECLARATION

I certify that my business provides an alternative to customers other than single use disposable materials and in compliance with the Imperial Beach Marine Protection Ordinance (Municipal Code 16.16). Furthermore, I understand that food vendors in the City of Imperial Beach that provide food service ware to customers are required to use service containers, beverage straws, stirrers, and cutlery that are biodegradable, compostable, or recyclable.

Applicant Initials

LEGAL DECLARATION:

I, the undersigned, hereby certify and declare under penalty of perjury, that to the best of my knowledge and belief, the information contained in this application is truthful, correct and complete.

I, the undersigned, hereby certify and declare under penalty of perjury, that I will not conduct business activity in violation of any Federal, State, or local laws.

I, the undersigned, further agree and recognize that I am solely responsible and liable for obeying all Federal, State, local laws and my business shall be maintained and operated in accordance with the requirements of all Federal, State, and local laws.

I, the undersigned APPLICANT shall defend (with legal counsel chosen by CITY), indemnify, and hold harmless the CITY from and against any and all claims, damages, demands, suits and/or proceedings of any kind brought by anyone challenging the validity and/or legality of this business or business license.

I, the undersigned APPLICANT shall further defend, indemnify, and hold harmless the CITY from and against any and all claims, damages, demands, suits, and/or proceedings of any kind brought by anyone challenging the validity and/or legality of the APPLICANT'S business that is the subject of this business license.

I, the undersigned APPLICANT shall defend (with legal counsel chosen by CITY), indemnify, and hold harmless the CITY from and against any and all liability whatsoever that relates in any way to my business that is the subject of this business license and/or arising out of the acts or omissions of APPLICANT in the operation of the business that is the subject of this business license.

I, the undersigned APPLICANT shall pay all costs of defense, including but not limited to, attorneys' fees and costs, City Staff time, and City Attorney time.

SIGNATURE _____ DATE: _____

Print Name _____